

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | BA | 70285 | |
| O.I.P.E. CLASSIFIER | | 31 | 3/9 |
| FORMALITY REVIEW | | 6793 | 6-19-00 |
| RESPONSE FORMALITY REVIEW | | 67503 | 6-30-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
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Form PTO-49
(Rev. 6/99)